

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF CUSTOMER SERVICES
DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS

**AFFIDAVIT
NON-RECEIPT OF MAIL**

License Plate Number: _____ Vehicle Identification Number: _____

I certify that I have not received the certificate/emblem/plate as indicated below which was mailed to my address of record. The address of record is my correct mailing address. I understand that upon issuance of a replacement, the original will no longer be valid for any purpose. If the original is subsequently delivered, I will return it together with the envelope that contained the item(s) mailed.

CERTIFICATE OF TITLE **CERTIFICATE OF REGISTRATION** **EMBLEM** **LICENSE PLATE**

PRINTED NAME OF REGISTERED OWNER OR LIENHOLDER FOR DUPLICATE TITLE

SIGNATURE OF REGISTERED OWNER OR LIENHOLDER FOR DUPLICATE TITLE

STREET ADDRESS

SIGNATURE OF CO-OWNER FOR DUPLICATE TITLE

CITY, STATE, ZIP CODE

DATE

(FOR DEPARTMENT USE ONLY)

TCI: _____

DATE ORIGINAL MAILED: _____

NEW LICENSE PLATE: _____

NEW EMBLEM: _____

CLERK'S NAME: _____

DATE PROCESSED: _____

SUPERVISOR'S APPROVAL: _____